# **SECTION TWO**

#### **ACCESS TO HEATLH SERVICES**

**Initial Statement** - There are numerous issues affecting access to health care in rural lowa. Most of the barriers mirror the health care access challenges reported throughout the nation's rural areas. However since 90 percent of the land mass in lowa is considered rural and in production agriculture, and half of the population live in what is considered a rural area, the issue of health care access is more evident in lowa.

**Rural Health Care Access** - There are 62 million Americans currently residing in rural areas. It is estimated that 20 percent of the rural population is uninsured, and this number is projected to increase to 25 percent by 2019. While 20 percent of the U.S. population lives in rural areas, only 9 percent of physicians practice in rural settings. The need for increased access to care and insurance coverage is especially crucial for rural populations. They receive less preventive care and have higher rates of all chronic diseases than their urban counterparts <sup>11</sup>.

lowa is the stereotypical rural environment. Agriculture and ag-related businesses make up the majority of the state's economic base. Iowa's rural populations have similar characteristics to other rural states in the nation: older populations, lower incomes, and seasonal unemployment above regional averages. Despite those characteristics, rural populations demonstrate greater satisfaction with life, increased engagement and connectedness within their communities and, fewer impacts from impoverishment or unemployment because of community support systems. Rural environments do however offer significant health access challenges for their populations. Several recent studies have pointed out some of these challenges. Summaries of those reports are detailed throughout this section.

Section Two focuses on two specific heath access topics: 1) transportation, and 2) rural community development. To briefly summarize---rural areas that have public transportation systems, and economically effective, health conscious communities are more likely to have adequate access to quality health care.

#### **Transportation**

lowa is served by 35 public transit systems that provide local transit services open to the public in all parts of the state. There are 19 urban public transit systems and 16 regional public transit systems. Urban systems provide scheduled route service and ADA paratransit service in larger lowa communities. Most regional systems offer demand responsive transit services over a multi-county area outside the larger communities. Transit systems work with human service agencies, and others, to provide coordinated service for transportation in their areas. Public transportation ridership is at record highs. Due to the economic downturn and job loss, families are looking for ways to cut household costs and public transportation is one solution. Public transportation has increased 38 percent since 1995 — nearly triples the growth rate of the population of the United States. However, the recent economic downturn also impacted the transportation industry, and it has been a fiscal challenge for transit agencies to maintain services. Transit service in metro areas often includes riders from nearby rural communities. In lowa, 31 percent of the population age 16 and older does not have a driver's license. As lowa experiences a higher than national growth rate in population age 65 and over, more elderly will rely on public transportation—this is especially true in rural areas <sup>12</sup>.

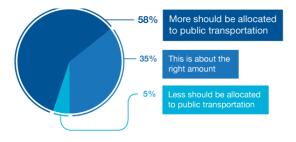
# **National Survey**

More than four-in-five voters (82 percent) say that "the United States would benefit from an expanded and improved transportation system, such as rail and buses," and a solid majority (56 percent) "strongly agree" with that statement. This is a widely held view with overwhelming majorities of voters in every region of the country and in every type of community. **Fully 79**percent of rural voters agreed with the statement, despite much lower use of public transportation compared to Americans in urban areas.

Transportation for America

# **Allocations of Federal Transportation Spending**

**Future of Transportation National Survey** 



Methodology: A national telephone survey of 800 registered voters, including 700 landline interviews and 100 cell phone interviews. The survey was conducted February-March 2010, and has a margin of error ± 3.46%].

SOURCE: Future of Transportation

In lowa, there is a strong infrastructure of primary and secondary roads based on a historical emphasis of farm to market routes. The majority of the population in lowa uses private automobiles to access health care and other community services. The 2009 population estimate for all lowans was just under 3 million people, and for ages 18 to 64 it was 1,838,195. In 2009, 1,600,012 automobiles were registered in lowa, making the ratio of lowans to cars approximately 2:1. Despite a large network of roadways and heavy utilization of personal vehicles, inadequate transportation has long been identified as a major issue in rural lowa where 43.6 percent of lowans live and 21.5 percent of rural lowans are over the age of 65 <sup>13</sup>.

lowa legislative history: In 1976, the State of Iowa passed a coordination law in response to transit financial problems in Johnson and Wapello counties (Chapter 601J). This law required all public funds spent on transit to be expended in conformance with the state transportation plan. Then, in 1984, the coordination law was rewritten to include penalties for failure to coordinate. In 2006, the safe Accountable Flexible Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU) Federal Register Notice stated: "Recipients of federal transit funds shall certify that the projects come from a locally developed coordinated public transit/human services transportation plan. The plan development should include representatives of public, private, and nonprofit transportation and human services providers and participation by the public."

lowa Code section 324A states all agencies spending public funds for the provision of passenger transportation services, other than public school transportation, must coordinate funding and the services with the public transit system in their area. The intent was that the funds would be spent more effectively and the benefits of public spending would reach all lowans. To assist in this coordination, a State Level Transportation Coordination Council was formed in 1991<sup>14</sup>.

**In Iowa**, the Iowa Farm and Rural Life Poll is an annual University of Iowa survey that collects and disseminates information on issues of importance to rural communities across Iowa and the Midwest. The recent poll considered miles traveled for goods and services (one-way). The average was 17 miles to a hospital and 13 miles to a physician. However, this means around half need to travel longer distances, and some much further. Ten percent of participants report the closest hospital is 30 miles <sup>15</sup>.

**One solution** –the Iowa Human Services Transportation Advisory Group provided input on locally developed coordinated public transportation plans. Through the mobility management system, the paradigm shifts transitions to establishing a transit delivery network to achieve connectivity for customers needing mobility. Mobility managers and coordinators seek to utilize all forms of transportation: public transit, volunteer transportation programs and forprofit transportation to transport groups. One example is:

Mobility managers: 1) established an inventory of existing transportation programs and providers, and built relationships with human service and transportation providers. 2) Provided train-the-trainer opportunities to agencies and businesses in eastern lowa, and 3) developed travel training curriculum to educate new transit riders, including seniors who are ready to transition from driving <sup>16</sup>.

#### Summary

Individuals who have access to a personal automobile may still have a barrier to reaching health care facilities or providers. These drivers may not feel comfortable driving outside their town. Being able to and feeling comfortable to drive has greater health implications as it limits access to jobs, nutrition, and other community services, and reduces involvement in social activities. The fact is a significant segment of the rural population depends on family members, public transit and/or volunteer efforts to access health care and social services.

#### Comment

Research indicates that nearly 40 percent of all rural residents live in areas with no public transportation, and another 28 percent live in areas with limited levels of service. Enhancing transportation opportunities and options for rural residents can improve economic growth and community development that will ensure quality of life for residents in rural environments.

## **Rural Community Development**

**Initial Statement** – A significant challenge for rural health care is the lack of an adequate workforce. Health care providers and health organizations choose to establish a practice in communities that are vital, hold economic promise, and that are supportive of health care establishments. Community development is an investment in health.

A recurring theme proclaims that successful communities are built; they are not born. To ensure that a quality living environment exists in rural America, residents must be empowered to effect change within their communities. Community development and sustainment must encompasses a broad mix of talents and tasks regarding business development, infrastructure improvements, city planning, environmental concerns and social institutions and engaged residents. Community development also needs to include the promise of a healthy community.

## **Standard Elements in Community Development**

Community development includes aspects of community capacity building, citizen participation, consensus building, problem solving, visioning and action planning. Partnerships among private, public and nonprofit entities are created to promote activities supporting community development. These activities might be housing construction, business development, technology initiatives, cooperative development or rehabilitation of structures, to name just a few.

Community economic development is the capacity of the local state to continue generating income and employment to maintain, if not to improve its relative economic position. Observations of growing, stable, and declining communities lead to the conclusion that the institutional apparatus is critical. Vital communities possess social constructions, with underlying assumptions, which encourage and permit the orderly and efficient use of economic resources, ensure their maintenance, and allow adaptation to changes in the environment <sup>17</sup>.

Ongoing community development including structures, businesses and public safety infrastructure can bend the outward migration of young families. Typically, rural communities lose young people who seek further education and job establishment. However, families and elderly/retirees tend to stay in the communities that are involved in community development.



To support and sustain Iowa farm families, rural areas still need a town nearby with schools, food, fuel, health care, a community structure, and religious centers.

Photo Source: John Cromartie, USDA/ERS

#### Rural Community Study by Iowa State University, Sociology Department

Traditionally, small towns have served as the cultural and socioeconomic hub for Iowa's rural residents. In recent years, due to a variety of circumstances, the survival of many of Iowa's rural communities is in question. Declines in the number of farms and businesses have contributed to a steady out-migration of residents, leaving fewer individuals to address an increasing number of problems. Recognizing the significance of small towns to Iowa's past and present, a major research effort was initiated in 1994 to assess the social conditions in Iowa's small towns. The purpose of this project, called the Rural Development Initiative (RDI), was to provide data that would improve the basis for policy decisions to stimulate rural development and community vitality. This research focused on three main areas: community quality of life, the local social environment, and community involvement.

An RDI survey of 10,000 lowans living in small towns was completed in 1994 and 2004. The following are some of the identified changes:

- Community population continue to decline
- Percent of residents over 65 years of age dropped from 23.2 to 21.4
- Median income went from \$22,811 in 1994 to \$34,593 in 2004.
- Unemployment dropped from 5.1 to 4.1 percent as did the poverty rates (11.55 down to 8 percent)
- Over 70 percent rated their quality of life good or very good along with community services like fire and garbage collection, schools and water and parks.
- Access to services satisfaction was high for worship/churches (71 percent) but low for access to primary health care (36 percent), shopping (43 percent) or recreation (25 percent)

- lowans feel their town is friendly, safe, tolerant and open to new ideas. Most (81 percent) feel content to live in their town and would be sorry if they had to move away.
- There was a high level of trust and engagement with people from their community; most were part of some community committees or activities.

Survey summary: Over the decade, most small lowa towns experienced some economic "shock" of some kind – usually it related to businesses and most often to businesses closing or downsizing. Almost one-third of the time the shock was negative but for over sixty-eight percent the change was positive.

## **Community Development Solutions**

"The U.S. Department of Agriculture (USDA) has a long history of redressing problems of attention to remoteness and small size communities. In 2010, USDA Rural Development Invested \$801 Million in rural Iowa. "Funds issued through USDA programs helped create or retain more than 2,200 jobs in rural Iowa, aided 2,489 families in buying their own homes and assisted more than 250 rural Iowa communities in improving community facilities and upgrading local infrastructure <sup>18</sup>."

USDA Rural Development also invested \$165 million through its business programs to promote economic growth in rural lowa. More than 30 businesses in rural lowa accessed \$110 million in guaranteed loan funds through USDA Rural Development during the past year. Funds from the Recovery Act played a big role in assisting many of these guaranteed loans.

lowa continues to be a leader in using USDA loan and grant programs to help with renewable energy production and energy-efficiency improvements. This past year, 561 producers and businesses in lowa received \$44 million from the agency's Rural Energy for America Program (REAP). This program provides financial assistance to help farmers and business owners make energy-efficiency improvements, as well as install renewable energy systems such as wind turbines, geothermal and solar.

**Supporting healthcare in rural lowa** continues to be an Iowa USDA priority. Since 2005, USDA Rural Development has awarded \$273 million to 77 hospitals, rehabilitation centers, healthcare office buildings, clinics, mental health facilities, nursing homes and assisted living centers in Iowa to help improve, expand or build new facilities.

**Iowa small hospital project** - USDA Rural Development awarded a total of \$24 million to assist with a large hospital expansion and renovation project at the Belmond Medical Center, including a \$21.6 million direct loan made possible by the Recovery Act. Additionally, a \$2.4 million guaranteed loan was provided to First State Bank in Belmond on a loan for the hospital. The 22-bed critical access hospital was built in 1952 is no longer large enough to meet the healthcare needs of area residents. When completed, the hospital will add 55,000 square-feet and include a new hospital entrance, emergency room, surgery area, acute-care area, therapy area and helicopter stop. The remodeling will add additional clinic, specialty clinic and office space. The new addition is expected to be completed by November 2011 and the remodeling finished by May 2012. (Source: IA USDA announcement)

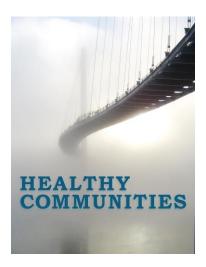
## **Healthy Communities**

## Rural health access to care and services – a statement from Healthy Rural People 2020.

"There are 62 million Americans currently residing in rural areas. It is estimated that 20 percent of the rural population is uninsured, and this number is projected to increase to 25 percent by 2019. The need for increased access to care and insurance coverage is especially crucial for rural populations because they receive less preventive care and have higher rates of all chronic diseases than their urban counterparts (Bailey, 2010). Out of the millions of rural residents living in the United States, 17 percent are minorities. In general, minorities have poorer health and higher rates of serious diseases such as stroke, HIV/AIDS and certain types of cancer", (McKenzie & Bushy, 2004). A national survey places access to quality health services as the top-ranking priority among rural health care stakeholders and leaders. Unfortunately, this is also one of the hardest obstacles to overcome in rural areas due to lack of health care providers and limited or no health insurance coverage for rural residents (Nelson & Gingrich, 2010).

The information above is a catalyst for rural community planners, leaders, and partners to better understand the value of including health components to community development or improvement. Designing environmental assets to include bike and walkways, parks with play equipment for children and exercise equipment for adults is a dynamic strategy to increase activity levels of residents and helping to resolve the critical issue of obesity in lowa.

## **Healthy Community Development**



According to IDPH Office of Healthy Communities director, "The healthy community approach allows communities to change focus and do things that have more value to the community culture and its people. For example, the community might be better served if the goal to build a new wellness center was converted to a school-community contract to make the gym, track and exercise equipment open to the public. Also, the community approach might demonstrate using very scarce resources to develop a basic health service might be better served by investing in Cracker Jack emergency and transportation systems <sup>19</sup>."

lowa Department of Public Health - Iowa's Healthy Communities program experiment created Community Wellness Grants and offered them to over sixty Iowa communities. These community empowerment projects produce trails, wellness centers and gathered community planners for health education courses and school nutrition change. The grant funding catalyzed community engagement for health improvement changes at the same time building leadership and the community capacity to move their initiatives forward. The lessons learned from this work demonstrated that success and sustainability came from strong local leadership, committed community coalitions and purposeful planning and policy implementation. These type projects can be vital to smaller rural communities.

#### Summary

Health care access is directly related to economic and structural community development. Rural areas rely heavily on government programs and funding to improve and sustain infrastructure and public access. There have been several beneficial economic and health related community projects in rural communities. For farm families and those from remote residential areas—having a home town nearby that offers some of the necessary services and supplies is critical. Many rural communities are not expecting to grow in population or size; rather, they just want to sustain and to have a safe, healthy town.

#### Comment

To reduce the costs related to disease and illness, it is critical that rural communities in Iowa have access to community development dollars and expertise. State and federal programs that improve and sustain community infrastructure, and initiatives that nurture healthy community environments are vital to prevent illness and to ensure individuals with chronic diseases stay as well as possible.